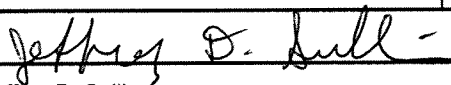


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/501,260
	Filing Date	05/12/2005
	First Named Inventor	Murai, et al.
	Art Unit	3662
	Examiner Name	Luke D. Ratcliffe
Total Number of Pages in This Submission	Attorney Docket Number	071382.0201

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee Transmittal
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts LLP	Customer No. 21003
Signature		
Printed name	Jeffrey D. Sullivan	
Date	10/10/2007	Reg. No. 43,170

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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Typed or printed name		Date

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FEE TRANSMITTAL

for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 3,200.00
Complete if Known

Application Number	10/501,260
Filing Date	05/12/2005
First Named Inventor	Murai, et al.
Examiner Name	Luke D. Ratcliffe
Art Unit	3662
Attorney Docket No.	071382.0201

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number	02-4377
Deposit Account Name	Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee	Fee Code	Fee		
1001		2001		Utility filing fee	
1002		2002		Design filing fee	
1003		2003		Plant filing fee	
1004		2004		Reissue filing fee	
1005		2005		Provisional filing fee	
SUBTOTAL (1)					(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Total Claims	Extra Claims	Fee from below	Fee Paid
Total Claims		-20 =	X	=0
Independent Claims		-3 =	X	=0
Multiple Dependent				=0

Large Entity		Small Entity		Fee Description
Fee Code	Fee	Fee Code	Fee	
1202		2202		Claims in excess of 20
1201		2201		Independent claims in excess of 3
1203		2203		Multiple dependent claim, if not paid
1204		2204		** Reissue independent claims over original patent
1205		2205		** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)				

**or number previously paid, if greater; For Reissues, see above


FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee Code	Fee Description	Fee Paid
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet	
1053	1053	Non-English specification	
1812	1812	For filing a request for ex parte reexamination	
1804	1804	Requesting publication of SIR prior to Examiner action	
1805	1805	Requesting publication of SIR after Examiner action	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	Extension for reply within fifth month	
1401	2401	Notice of Appeal	
1402	2402	Filing a brief in support of an appeal	
1403	2403	Request for oral hearing	
1451	1451	Petition to institute a public use proceeding	
1452	2452	Petition to revive - unavoidable	1500
1453	2453	Petition to revive - unintentional	1400
1501	2501	Utility issue fee (or reissue)	
1502	2502	Design issue fee	
1503	2503	Plant issue fee	
1460	1460	Petitions to the Commissioner	
1807	1807	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
8021	8021	Recording each patent assignment per property (times number of properties)	
1809	2809	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	Request for Continued Examination (RCE)	
1802	1802	Request for expedited examination of a design application	
Other fee (specify) Publication fee			300

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$ 3,200.00)**SUBMITTED BY**

(Complete (if applicable))

Name (Print/Type)	Jeffrey D. Sullivan	Registration No. (Attorney/Agent)	43,170	Telephone	212-408-2500
Signature		Date	10/10/2007		

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